substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

ADDRESS ALL COMMUNICATIONS IN OR PERTAINING TO THIS APPLICATION TO:

Thomas A. Miller (Reg. No. 36,871) Michael Best & Friedrich LLP 100 East Wisconsin Avenue Milwaukee, Wisconsin 53202-4108

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full	name	of fi	rst ioint	t inventor:	Basel	H.	Taha
------	------	-------	-----------	-------------	-------	----	------

Inventor's signature

Date:

Residence:

Citizenship:

Post Office Address:

Menomonee Falls, WI

United States of America W143 N8272 Oxford Street

Menomonee Falls, WI 53051

Full name of second joint inventor: Shankara B. Reddy

Inventor's signature

Date:

Residence:

Citizenship:

Post Office Address:

10-10-Cedarburg, WI

United States of America

W75 N766 Tower Avenue

Cedarburg, WI 53012

Full name of third joint inventor: Joel Q. Xue

Inventor's signature

Post Office Address:

Date:

Residence:

Citizenship:

10-10-2001 Germantown, WI

Iselywi

United States of America

N105 W14752 Lincoln Drive Germantown, WI 53022

Full name of fourth joint inventor: Paul P. Elko

Inventor's signature

Date:

Residence:

Citizenship: Post Office Address: 10-10-2001

River Hills, WI

United States of America 1610 West Brown Deer Road

River Hills, WI 53217

FEE TRANSMITTAL

Electronic Version 1.1.0 Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

TOTAL FEES AUTHORIZED: \$ 1632

BANK (CREDIT) CARD INFORMATION:

Credit Card Number: 6133

Expiration Date: 20030301

Authorized Name: Thomas A. Miller

Billing Address: 53202

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 740

Subtotal For Basic Filing Fee: \$ 740

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 44	103	\$ 18	24	\$ 432
Independent Claims: 8	102	\$ 84	5	\$ 420

Subtotal For Extra Claims Fees: \$852

ADDITIONAL FEES

Fee Description	Fee Code	Fee Paid
Recording Each Patent Assignment Per Property Fee		\$ 40

Subtotal For Additional Fees: \$ 40